

PROJECT NAME CAPPUCCINO!

spread it locally only!

1 – GIT & LIVER:

- **Clindamycin, digitalis, colchicin** → Diarrhea.
- **No halotosis in ameobic liver abscess.**
- **Pemphigus & Steven-Johnson** → Attack Mucous Memb.
- **Pyrosis** = Heart Burn.
- **Hyperthyroidism, Proctitis & IBS** → Hyper-defecation.
- **Anxiety & rapid eating** → Aerophagia.
- **Ascites alb gradient** > LL in CHF, cirrhosis, Bchair
- **Liver metastasis** → Obstructive jaundice
- **Secretory Diarrhea occurs with** → Z. Ellison \$, villous adenoma of rectum, & Cholera
- **Latent jaundice** → pernicious anemia, pul. Embolism, & CHF
- **60 ml bl. Is the minimum** to cause melena.
- **Barret's Esoph.** → Columnar Metaplasia → Cancer Esoph.
- **GERD** is affectrd by position
- **NO heart burn with achalasia**
- **Cancer esoph.** → Common in lower 1/3
- **Plummer Vinson \$** → Cancer Esoph.
- **H. pylori** → NOT ass. with Z. Ellison \$
- **Esoph. Spasm** → pain mimic angina
- **NSAID induced ulcers** treat by P.E. lila Mesoprostol
- **Milk Alkali \$** → ↑ Ca & ↑ Bicarb.
- **Vit. B absorbed** in terminal Ileum
- **Gasrtin** secreted from Antral Mucosa
- **Late Dumping \$** → Dizziness & Diaphoresis (NO Hypot.)
- **Mallory Wise \$** → In Alcoholics
- **Gastroparesis ttt by** Cisapride & Dompridone
- **Intestinal pseudo obstruction** → Hypothyroidism, scleroderma, & DM
- **Normal Fecal Fat** < 6gm/24hs
- **Colchicine, Sorbitol, theophylline = Diarrhea**
- **Sickle cell anemia** → Hyposplenism
- **D- Xylose test** → More reliable than fecal fat & breath test in diag. of Malab. \$
- **Coeliac Ds. Is ttt** → Glutin Free Diet
- **Jaundice is Uncommon** in hepatic amoebiasis
- **Whipple Ds** → Malab. + L.N. + Arthritis
- **Crohn's Ds** → Granuloma – Transmural
- **Whipple Ds** → Tryphoryma whipplii org.
- **M/C extra intestinal comp. of U. colitis** → Arthritis
- **IBS** → Mucous diarrhea or pencil-like stool + Abd. Distention
- **Rt. Colonic carcinoma** = presented with Anemia
- **M/C site of carcinoid tumor** = Appendix
- **Crohn's Ds** → vit. B def. (common) , terminal ileum
- **Cancer p** → duct adenocarcinoma
- **Itching with cholestasis** → Palms & Soles (Common)
- **↑ TLC** → Weil's Ds, Amoebic liver & toxic hepatitis
- **Gilbert \$** → s.bilirubin is High with Fasting
- **High Colored Stool (PALE)** → Obstructive Jaundice
- **Asterixis Disappear** with hepatic come
- **Hepatic T.B** → usually Miliary TB
- **Brucella** → Hepatic Granuloma
- **Tetracycline** → Fatty Liver
- **Cancer Gall Bladder** → Adenocarcinoma
- **Rapidly Shrinking Liver** → occur with → F. liver failure
- **Biliary Obstruction** → ↓ Urobilinogen
- **Reye's \$** → Mitoch. Dysf. → Brain Edema
- **Viral hepatitis does NOT** lead to meningitis
- **Viral hepatitis** → cryoglob. G. Barre \$
- **M/C Finding** in haemochromatosis is = Liver++
- **Kayser f. ring** → copper in desment memb.
- **Wilson Ds.** → Grimacing, chorea, parkinsonism
- **Cong. Hepatic Fibrosis** → Pre-sinusiod P.H.
- **Congestive gastropathy** → TTT by Propranolol
- **Most benign tumor of liver is** → Haemangioma
- **Steroids** aggravate NASH
- **PT** = prognostic for liver functions
- **Portal fibrosis** → P.H. → Esoph. Varices → Bleeding
- **Sago Spleen** → Amyloidosis
- **Morphine is CONTRA indicated** in Biliary Colic
- **Mild Hepatic Enceph. Diag. by** → psychometry
- **Esoph. Achalasia** → Absent of air bubbles
- **Surveillance of hepatoma** → AFP & Sonar

- **Best Modality to diagnose Gall Stone** → SONAR
- **CA in Tropical Spure** → Unknown
- **Chronic Gastritis A** → Pernicious Anemia, ↓ HCL
- **Hepatomegaly + ↑ TLC + Eosinophilia** → Fasciola
- **Metastasis** Uncommon in Hepatoma
- **Ascetic Fluid in Cirrhosis shows** Specific Gravity < 1018 OR 1016 ... **الأتنين صبح**
- **Biliary Cirrhosis** → there is Hepatomegaly
- **Mega colon is caused by** → Chagas Ds. – ch. Constipation – Hirschsprung Ds.
- **ERCP** is used to remove bile duct stone
- **LVF does NOT lead to Ascites**
- **Hepatorenal F.** → ↓ urinary Na
- **Liver Cirrhosis oR Ch. HBV OR HCV with ↑Hb.** = consider Hepatoma → ask for AFP
- **AST:ALT Ratio > 2:1** → Alcoholic Hepatitis
- **Tylosis** → Cancer Esophagus.
- **Jaundice + Biliary dill** → the next step = ERCP
- **2^{ry} Car. Of the liver** should NOT have splenomegaly
- **Extrahepatic Cholestasis** → ass. with Palpable Gall Bladder
- **Acute LCF** → Cerebral Edema WITHOUT papilledema
- **Cyanosis Of Hepatorenal \$** in NOT Responding to O₂ th.
- **Hepatic Enceph.** → yawning, hiccough, chorea
- **Nocturnal Epigastric pain** is suggestive to Peptic Ulcer
- **Volume Replacement with COLLOIDS** is preferable than crystalloids in Bleeding
- **Perforation of PU** is common with Duodenal Ulcer
- **Aphthus ulcers ass. with** Crohn's Ds
- **Abd. Distention, flatulence, Pellety stool** → IB\$
- **Smoking** is not ass. with ulcerative colitis
- **Toxic Dilatation of Colon** → Ulcerative Colitis
- **Rapid Wt. Loss** → Gall Stones
- **CT Abd. & Thyroid Scan** = Unsafe with Pregnancy
- **Abd. Sonar** can detect retroperitoneal L.N. & Pl. effusion
- **Crohn's Ds.** → Diarrhea + Anemia + Bleeding (Malab. \$) + Palpable Mass In Rt. Iliac fossa
- **Z-Ellison \$** → Multiple PU + Malab. \$
- **Hemochromatosis** → DM NOT DI

2 - CHEST

- **Pulmonary Edema** → Pink Frothy Sputum
- **Amorphic Breathing** → Open Pneumothorax
- **Hemoptysis + Depressed Nasal Bridges** → Wegner
- **Low Voltage of ECG** → Hypothy. & Emphysema
- **Impaired Diffusion** in → Sarciod. – Emphysema
- **Caplan \$** → Pneumoconiosis + Rh. Ds.
- **Post. Mediast. \$** (neurofiroma)
- **Reliable symp. Of Pul. Embolism** → Dyspnea OR just hyperv.
- **Thymoma is ass. with** → Pure Red Cell Aplasia, Mediast. \$ & Myasthenia Gravis
- **Classic Skin lesion in Sarciodosis** → Lupus Pernio
- **Earliest sign of clubbing** → ↑ Fluctuations in the nail bed
- **Cystic fibrosis** → Recurrent Chest inf., Diarrhea(malab.\$) & Late DM
- **Primary TB** may be Totally Asymptomatic
- **Even the selective B. Blockers** are CONTRA indicated in B. asthma
- **Churchman spirals** → br. ath.
- **Pul. Embolism** → Type I Resp. Failure
- **Acute Severe Asthma** → Type II Resp. F.
- **Contrast Enhanced Spiral CT** is good for diagnosis of Pul. Embolism.
- **Streptomycin MUST be AVOIDED** totally in Pregnancy
- **Low Dose Aspirin is CONTRAindicated** in Gout, B.A., & cerebral Hge.
- **Mycoplasma pneumonia** → Fever & Malaise PRECEED Resp. Symp. With several days
- **Severe Asthma NOT responding to TTT** → Suspect Pneumothorax
- **Asbestosis does NOT** ↑ risk of pulmonary TB
- **Pleural rub disappear** with Pl. effusion
- **Miliary TB** → Liver & Spleen++ & -ve Tuberculin Test
- **TB may lead to** → Aspergell. – Amyloidosis – Bronchiectasis.
- **Neurofibroma** → Mass in Post. Mediastinum
- **Bronchial Adenoma** → Lobar emphysema, Recurrent pneumonia

- **Recurrent pneumothorax** can be ttt by pleurodesis
- **Dull Traube's Area in** → Lt. side Pl. effusion
- **Pneumococcal pneumonia ccc by** → sudden onset of fever, rigors, & pleuritic pain
- **Recurrent pul. Emboli** → P⁺⁺ → Cor-pulmonal.
- **COPD** → the airway obstruction is Partially Reversible

3 – CARDIO

- **Slow rising pulse** (plateau pulse) with AA
- **Pulsus alternans** occur with Rt or LVF
- **Lt. to Rt shunt does not** → central cyanosis
- **Giant A wave** in neck V with p⁺⁺
- **Lt. parastr. heave** = RV hypertrophy
- **P bisferiens occur with sever AI** or combined AI and AS (dominant AI)
- **Prominent V wave** in neck V occurs in TI
- **AS may lead to** sudden death
- **Short PR interval** in ECG occur with WPW \$
- **Infective endocarditis** in MS is uncommon
- **Malar flush** occur MS , Myxedema , carcinoid \$
- **Hill 's sign** occur with AI
- **Elfin facies** present with supravallv AS
- **↓ ESR** in congestive HF & polycythemia & in Afibrogenemia
- **Fallot 's pathology** is F4 + ASD
- **M/C cong HD** is bicuspid aortic valve then VSD
- **The 3 sign in CXR** occur with coarct.
- **Incidence of endocarditis** is low in ASD
- **Pulsus paradoxus** occur in Tomponade , acute sever asthma , constrict. Pericarditis
- **In HOCM** vasodill eg ACE ,nitrates are #
- **Doxorubicin** → cardiomyopathy
- **Avoid trendelenberg position** in LVF, pulm edema as it → increase V.R → PVC
- **Canon wave in neck V** is seen in complete . Hr . B
- **Constrictive P uncommon to** → pulm edema
- **Bornholm disease** does not lead to Retrosternal chest p.
- **Syncope attack** occur with VF , AS , HOCM

- **ACE inhibitors** are contraindicated in pregnancy
- **P bisferiens is best perceived** in carotid arteries branch
- **BB used in HF are carvedilol or bisoprolol**
- **Eccentric dosage schedule** in nitrate therapy prevent nitrate tolerance
- **Coarctat. Aorta** → pulsating at ! block
- **IV drug abusers** liable to TI
- **MI or RT ventricle** → ↑IVP , ↓BP
- **Verapamil** not used instead of BB in Hr . F
- **Accelerated hypert** should not have papilledema.
- **M/C type of shock** is hypovolemic
- **Myocardial infarction** does not lead to AI but may lead to MI
- **M/C ECG finding of pulm embolism** (↑HR) sinus tachy.
- **VSD , PDA** (high risk of Endocarditis)
- **CHF** → ↓urinary Na , proteinuria
- **Sildenafil is contraindicated** with nitrates
- **ANP ,BNP** are biomarkers of HF
- **Aggressive diuresis** in Hr . F to remove all edema is wrong
- **Cocain toxicity** does not lead to AF
- **Nitrates in ISHD** → ↓preload → ↓ cardiac work
- **Hemodialysis** is not affection in disct toxicity
- **HOCM** is associated with Mitral .I
- **Acute pulmo embolism** → S waves in lead I , Q wave in lead III , inverted T in lead III (S1 Q3 T3) pattern

4 – NEURO

- **Non projectile vomiting is not** a symptom of ↑ICT
- **Neck rigidity is** found in meningitis , sub arach., meningism , tetanus , hysteria
- **Monoplegia: lesion** is mainly cortical
- **hypertonia** occur with tetany , athetosis
- **Rheumatoid disease** also produce mononeuritis multiplex
- Intermittent bulbar palsy occur with M gravis
- **Ptois occur with** boyulism ,periodic Paralysis and myasthenia gravis
- **Fine tremors is not found in** pack , cerebellar lesion as

wilson's D , it occurs with alcoholism

- **Galasgo Coma scale** assesses verbal , motor and eye opening but not autonomic response
- **bilateral facial nerve palsy doesn't** include myopathy
- **Athetosis** is lesion in Putamen
- **M/C cause of 6th nerve lesion** is increase ICT
- **Inter-nuclear ophthalmoplegia** result from lesion in medial longitudinal bundle
- **Myopathy is best diagnosed by** muscle biopsy
- **Periodic muscle paralysis** seen in decreased k or increased k and with normal k level
- **Vibration sense is lost early** in DM
- **Berry aneurysm** may be associated with poly cystic kid , coarctation , ehler danlos \$
- **Common migraine** has no aura
- **Apneustic breathing** is common in lower pons
- **loss of corneal reflex** occur early in Cerebello-pontine angle tumor
- **in trochlear n . lesion** pt complain of diplopia while reading
- **Nimodipine** used in SAH to inhibit vasospasm
- **Tensilon test** improve myasthenia gravis
- **Myopathy occurs with** cush. Syndrome . hypo & hyper thyroid, & NOT in DM
- **Migraine may lead** to diplopia, parathesia . dyspepsia
- **Hiccough occurs with** renal failure , hepatic encephalopathy , diaphragmatic .pleurisy
- **Bromocriptine Is useful in ttt** of parkinsonism , acromegaly infertility
- **M/C cause of SAH** is rupture of berry aneurysm
- **Todd's palsy** occur after (epileptic fit)
- **dilator pupillae** is coupled by adrenergic fibers of oculomotor
- **M/C intracranial** tumor is metastatic
- **Herpes simplex** encephalitis affects temporal lobe
- **no wasting of muscle** in Eaton lambert syndrome
- **M/C presentation** in MS is optic neuritis (unilateral)
- **DM with diplopia** mostly ocular n. lesion
- **gentamycin** should be avoided with M. gravis
- **G. Barre \$** → Spirometer is important in case of deterioration
- **Acoustic neuroma** → unilateral deaf. , loss of corneal reflex and ipsi lateral ataxia

- **MEN1** → Gastrinoma , pituitary tumor with hyperpara.
- **True bulbar palsy** is associated with tongue fasciculation
- **Lateral spino-thalamic tract** transmit the contralateral light (crude) touch.
- **PN, tabes D, syringomyelia** → loss of tendon reflex.
- **Cerebellar lesion** → Dysmetria.
- **Lf optic tract lesion or LF optic radiation** → RT H.H .
- **3rd CN lesion** → absence of accommodation reflex.
- **Paralysis of 6th CN** occurs with brain tumor causing → ICT.
- **Ptosis occurs with lesion in 3rd CN** , sympath. chain or lesion in levator palpebrae superioris.
- **LMNL of 4th CN** → upward deviation of the eye on attempted eyelid closure.
- **Pseudo-bulbar palsy** → dysarthria, dysphasia , emotional instability and postural , reflux.
- **Motor V D** → fasciculation and wasting of the tongue.
- **Hypotension, Af may** → TIAs.
- **Brain stem infarction** → pin point pupils, ataxia, diplopia and headache.
- **Recovery follow stroke** is more poor if hemiplegia is LF sided rather than right sided.
- **Spinal neurofibroma and gliomas** → paraplegics.
- **5th CN conveys** general sensation (pain, temperature, touch) from ant 2/3 of the tongue and also from ant 2/3 of face.
- **M/C cause of meningitis** is viral or encephalitis.
- **visual evoked potential** used to diagnose MS.
- **Rt. sided incoordination ,et horner's \$**, and loss of sensation on Lf side of face = Lateral Medullary 8 (post inf cerebellar Ar. occlusion)

5 - PSYCHIATRY

- **Electroconvulsive therapy (ECT)** used in TTT of Acute mania, acute schizophrenia and severe depression..
- **Withdrawal of heroin** → rhinorrhea, diarrhea, pains.
- **There is insight in psychosis, Hallucinatory. e` psychosis** "مدرك انه مريض"
- **Mania, schizo, Depr., delirium** → aggression.
- **No aggression in obsessive.**

- **Hepatic encephalopathy** is a cause of delirium.
- **Compulsion** is a repetitive, purposeful stereotyped actions.
- **+ve FH in schizophrenic**. → poor prognosis.
- **Hysterical Fit** occurs in front of audience.
- **Irreversible dementia** (Multi infarct, Huntington, Alzheimer).
- **Agoraphobia** (fear of open spaces)
- **In Dementia** (No clouded consciousness)
- **Cancer pancreas** → depressive symptom.

Medical diseases presented with anxiety: (V.I)

- Hypothyroidism. *Hyperparathyroidism *Cushing *Addison
- pheochromocytoma. *Hypoglycemia *Myocardial infarction
- Angina.

Medical diseases presented with depression-:

- Hyperthyroidism *Cushing *Addison
- hyperparathyroidism *hypoparathyroidism *pneumonia
- cancer pancreas *intracranial tumors
- *pernicious anemia.

Medical diseases presented with psychotic symptoms:-(e.g hallucinations, delusions(?))

- MS *Wilson's disease *multiple sclerosis *intracranial Tumor
- *pertho *psychomotor epilepsy *Huntington chorea

Medical diseases presented with mania:

- Huntington's disease -Stroke -MS.
- Viral encephalitis -Frontal degenerative diseases.
- Uremia. -Open heart surgery -Wilson
- Trauma -Post encephalitis -Vitamin B12
- -Traumatic brain injury

☒ Drug induced psychiatric symptoms:

- Phenytoin: irritability, hallucination, psychotic symptom.
- Phenobarbital: confusion, over sedation.
- -NSAID: anxiety, nervousness, emotional lability.
- Indomethacin: confusion, depression, hallucinations, psychosis.
- Salicylates: (High dose) elation and euphoria.
- Thyroxine therapy:

- ☒ excess: restlessness, anxiety, psychosis, manic mania.
- ☒ **Inadequate dose:** hypothyroidism (fatigue, depression, psychosis)
- **Steroids** → euphoria, hypomania, fatigue or depression.
- **Estrogen** → restlessness, euphoria.
- **Progesterone** → fatigue, irritability.
- **Androgen** → restlessness, agitation, aggressiveness, euphoria
- **Anticholinergic**, antispasmodics, anti-histaminic, anti-parkinsonism, atropine eye drops → anticholinergic psychosis
- **Reserpine** → nightmares
- **Diuretics(thiazides, furosemide)** → fatigue, depression
- **Methyl dopa** → depression, confusion, verbal memory impairment
- **Clonidine** → sedation, depression, and antagonized by TCA
- **Withdrawal** → mania
- **Propranolol and other BBs** → fatigue, insomnia, nightmares, depression, paranoia,
- **Verbal memory impairment**, psychosis
- **Digitalis** → apathy, fatigue, depression, psychosis
- **Quinidine, procainamide, lidocaine(lignocaine)** → confusion, delirium, depression
- **Sympathomimetic** → restlessness, anxiety, panic, irritability, insomnia
- **L-Dopa** → confusion, delirium, anxiety, agitation, hypomania, psychosis, depression
- **Hypoglycemic** → restlessness, anxiety, disorientation
- **Tetracycline** → emotional lability, depression, confusion
- **INH** → euphoria, transient memory loss, agitation
- **Antineoplastic** → depression

PSYCHOSOMATIC DISORDERS

- Stress, psychological and social factors influence the development
- And maintenance of medical disease.

- Mechanism:
- Psychological mechanism: severe stress or chronic stress
- Physiological mechanism :
- Activation of ANS(sympathetic and parasympathetic)
- **Release of hypothalamic factors and pituitary hormones**

Examples:

- a) **CVS:** hypertension. ISHD, hypotension, exacerbation of CHF
 - b) **BS** : br. Asthma, hay fever, hyperventilation \$
 - c) **GI** : peptic ulcer, ulcerative colitis
 - d) **Musculo-skeletal** : RA, tension headache, migraine, torticollis
 - e) **Geneto-urinary** : dyspareunia, fragility, menstrual disorders,
 - pseudocyesis(حمل كاذب)
 - Impotence, premature ejaculation
 - f) **Endocrine:** exacerbation of DM and hyperthyroidism
 - g) **Skin:** exacerbation of psoriasis, urticarial, pruritis, neurodermatitis(eczema)
 - h) **Malignancy:** stress affect immune system influences malignancy develop
- **TTT the medical condition** and psychological symptoms

6 – NEPHRO

- **Broadcast** are found in CRF
- **Frothy odor** in urine found in DKA
- **Oliguria is** <400 ml/24hrs
- **Fatty cast** is found in nephrotic \$
- **Uremia** does not need to myelopathy
- **Interstitial nephritis and GN and renal TB** cause sterile pyuria
- **Acute GN not ch.ch by** heavy proteinuria
- **Anuria** is found in diffuse cortical necrosis
- **Microscopic hematuria** does not cause reddish urine
- **radiolucent stone** is found in uric acid stone
- **Isothiurea** is present in CRF
- **Tomm-hotfall protein** is a muco-protein secreted by

the renal tubules = Normally in urine

- **↓ C₃ present in** SLE and post infectious glomerulonephritis and membranoproliferative GN
- **Gold, lead and mercury** may cause nephrotic\$
- **Diabetic nephropathy** → hyper Na and retinopathy initially ↑ GFR and sometimes ↓ rennin
- **No change in C₄** in good pasture \$
- **Common presentation RCC** is hematuria
- **Renal stones occurs** in distal RTA and not in proximal renal tubular acidosis
- **ACEI are # in bilateral RAS** and pregnancy, MS and AS
- **Tubular proteinuria** is assisted by measuring B2 μ globulin
- **Loss of cortico medullary differentiation of kidney** in sonar favorable of diagnosis of CRF
- **Pre renal azotemia** → urine Na < 20 mmol/l with specific gravity > 1018
- **M/C organism cause pyelonephritis** is E.coli
- **Urethral \$** → no bacteria in urine
- **Peritoneal dialysis causes peritonitis and atelectosis and hypoproteinemia with no hypoglycemia**
- interstitial nephritis → ↑K
- **Membranoproliferative GN** → not respond to steroid therapy
- **Uremic pericarditis** is absolute indication for dialysis
- **Stage 5 CKD** → GFR < 15 ml/minute
- **Sarcoidosis** and hyperparathyroidism and milk alkali \$ cause hypercalcaemia
- rugger jersey appearance of spine is seen in CRF
- **I and A nephropathy commonly** presented with hematuria
- **heavy proteinuria and hematuria** and lion pain suggestive renal vein thrombosis
- **WBCs cast in urine occurs** in interstitial and pyelonephritis
- **renal vein thrombosis seen in** amyloidosis and membranous glomerulonephritis
- **Sub-epithelial hump present** in post infectious glomerulonephritis
- **M/C cause of hypokalemic alkalosis** is diuretic
- **Sickle cell anemia** → nephrogenic DI
- analgesic nephropathy causes TIN and papillary necrosis
- **MM causes** ↑ Ca uric acid bone defect monoclonal hyper gamma and Na and ALP. The tubular damage by

light chain

- **Hematuria few days** after the onset of sore throat suggestive to IgA nephropathy
- **Cyclosporine** → Hypertrichosis
- **Villous adenoma of colon** → diarrhea → ↓K
- **saturnine gout** is caused by lead nephropathy
- **phosphate level** is normal in Paget's Ds.
- **ERYTHROPIOTEN THERAPY** → HYPERTENSION
- **Isolated Hemat. With normal shaped RBCs** → NO need for renal biopsy
- **In UTI, bacteria coated with antibody on urine** → UPPER UTI
- **Patients liable to contrast nephropathy are** → Diabetic nephropathy, Renal Impairment, Multiple Myeloma, pts on ACE I OR ARBs
- **70% of total body water is Intracellular**
- **High K⁺** → Peaked T-wave & V.F & parasthesia
- **Starvation Ketosis** → ↑ anion gap M.Acidosis
- **IEC, Renal Infarction** → Microhematuria
- **UTI, Prolonged immobilization, RTA, Sarcoidosis** → Renal Stones
- **Poly-cystic Kidney** ass. with Cysts in liver, pancreas, Aortic aneurism, Mitral incompetence, & berry aneurysms
- **Chronic Pyeloneph.** Occur with abnormal anatomy of the kidney
- **Metformine** should be avoided in R.F.
- **Amyloidosis** cause CRF with enlarged Kidney Size
- **Psychogenic polydipsia** → ↓Na⁺

7 – ENDOCRINE

- **Hypoglycemia** doesn't cause tachypnea.
- **IHD is not included metabolic X** but this pt liable to IHD
- **M/C DM coma is** hypoglycemic coma
- **Myxedema** → bradylalia & deaf
- **Hyperglycemia** may result from glycogen storage dis. – galactosemia-post gastrectomy.
- **grave's dis.** Is associated with myasthenia & not associated with brisk tendon jerk
- **M/C cause of unilat. Exophthalmos** → thyrotoxicosis
- **Myxedema** → malar flash solid oedema

- **Thyroid acropathy** is found in grave's dis.
- **Cushing's causes** hirsutism, purple stria & acne
- **Hypocalcemia** is caused by CRF & acute pancreatitis
- **Gynecomastia** is caused by spironolactone, digitalis & cimetidine
- **1^o hyperaldosteronism** → ↑Na, ↓K, alkalosis with no edema
- **Tetany** causes trousseau sign & Erb's sign & peroneal sign
- **hyper pigmentation occurs** with Addison & hemochromatosis & bronchogenic carcinoma. (ectopic ACTH)
- **hyper PTH** → nephrocalcinosis & pseudo goit & acute pancreatitis
- **medullary carcinoma** of thyroid causes increase calcitonin * carcinoid & cervical lymph nodes ++
- **malignant hyper calcemia** is ttt by bisphosphate & calcitonin
- **Plummer's nail** present with grave's dis.
- **triad of hypo Na**, low plasma osmolarity, hypertonic urine to plasma suggest SIADH (unlike DI)
- **heel pad thickness for male acromegaly** > 21 mm
- **Froehlich's cause** mental retardation, trunkal obesity, DI
- **3ry HPT** occur with CRF
- **VMA ↑ in urine in pheochromocytoma** (↑Ca⁺⁺ with CRF)
- **Osmo-receptors are** present in ant hypo th
- **Smoggy ph** → insulin should be reduced
- **Pernicious anemia** may associate hypothyroidism
- **Orlistat is used to ttt obesity.**
- **Prolonged Iodine inj** causes goiter (wof drakoff effect)
- **Stress** → ↑growth H, adrenaline, cortizole
- **Cushing's** → depigmentation & doesn't cause sexual precocity
- **Hyper-calcemia cause constipation**, renal stones, poly urea, short QT interval
- **hypo pituitrism infemale** cause amenorehea
- **Necrobiosis lipodica diabetica** = not painful + central depression + raised irregular margin
- **M/C manifestation of MEN1** is Hyperpara.
- **pheochromocytoma** may cause Wt. Loss
- **Insulin Action** → (+) of tyrosine kinase

- **Pruritis vulvae** suggestive to DM
- **Diagnosis of Auto Imm. Thyroiditis by** thyroid peroxidase Antibody
- **Dompredone** → Galactorrhea
- Cushing \$ → Vertebral Collapse
- **A-V nipping in fundus Ex.** → Hyperthyroidism
- **Thiazolidinediones** enhance insulin action
- **Adrenal Crisis TTT by Hydrocortison** rather than dexamethasone – Ch. Adrenal failure by prednisolone.
- **2ry DM** caused by thiazide, thyrotoxicosis, haemochrom., thyrotoxicosis. Pancreatic carcinoma
- **DM may be presented by** epigastric pain, vomiting, hyporeflexia, deep sensory loss
- **Acromegaly** → Bitemporal Hemianopia
- **1ry Heper-PTH** → Hyper calcuria & hyper-phosphaturia + ↑ ALP. + Bone involve.
- **Cushing Ds.** → Basophilic Adenoma
- **Acromegaly** → Acidophilic Adenoma
- **Most cases of thyrotoxicosis** are dt. Grave's Ds.
- **Amiodarone** → hyper or hypothyroidism
- **Thyrotoxicosis** does NOT lead to P.N.
- **Osteitis Fibrosa Cystica** occurs with 2ry or 3ry hyperparath.
- **1ry Hyper-PTH** may be ass. with RTA & Nephrogenic DI
- Severe addison's & Bone metastasis = Increase Ca+
- **ACTH** → (+) Adrenal Androgens & Cortisol
- **Steroid therapy cause** → Hypert. DM , Insomnia & Avascular Bone Necrosis
- **In Cohn's \$** → NO Edema
- **Connes** → Myopathy dt. Decrease K+
- **Insulin stimulation** test is # in Epilepsy & IHD
- **Pheochromocytoma** may be ass. with hypercalcemia.

8 - HEMATOLOGY

- **TIP** dose not lead to splenomegaly
- **Huge spleen d.t** 1)B 2)Malaria 3)Kala Azar 4)chr myliod leuk
- **Folic acid metabolism** affected by pyrimethamine
- **Megalo-blastic anemia** occurs in malabs\$
- Heinz bodies in RBCs persistent in G6PD

- **Sickle cell anemia** → pneumococcal & influ vaccine
- **↓ protein C & S & ATII** → thrombosis
- **Fragmented RBCs occur** in DIC, TIP, malign. H, HU\$
- **AML (M3)** → DIC
- **EVH** → ↑ heamosedrine
- **Philadelphia CML if -ve** → bad prog
- **acute rods** → AML
- **Serum vit B₁₂** → ↑ in CML
- **Iron overload occurs** in chr heamolysis & alcoholic & aplastic anemia
- **Basophilia occur in** polych.v, CML, myelofibrosis ,esnl thrmb
- **Myeloplastic \$ persistent** wt refractory anm, brefractory anm wt
- **Ring sidroblasts** & excess blasts
- **Basoph.stippling** → chr lead poisoning
- ↑ PT, PTT, Bl. Tendency → platelets defect (count, func)
- **Hyper-splenism** → pancytop, hyper. BM
- Worm Ab med. Heam.(SLE, Lymphoma)
- **sickle cell anemia** → nephropathy & isothemucin
- **Cooley's** in thalass major
- **hereditary spherocytosis may** → increase MCHC
- **Polycth.v** → increase RBCs, WBCs, Platelets
- **Acanthosis** wt DM, Malig
- **Polycth.v can** ttt by phelibotomy
- **Sickle cell anemia** → acut pap necrosis
- **serum B2 μ globulin** is best prog MM
- **Waldenstrom D** → HTN, Hyper-viscosity \$, No renal failure
- **MM no LN ++ or spleen ++**
- **HAMS Test is +ve in v.vectonmal H**
- **G6PD** → False shortly after heamolysis
- **MM , Lymphoma & myelodysplasia** → cannot diagnosed by peripheral blood picture CBC
- **Gaisbooks \$** → Stress induced polycythemia
- **Polycythemia rubra vera** → low Erythropoietin
- **Hairy cell leukemia** , Lymphoma & CML → treated by alpha inerferone
- **VWF** → released from Endothelium and platelets → Carries factor VIII → Adhesion of platelets → TTT by Vasopressin analogue

- **Iron absorption** → duodenum and Jejunum
- **Myelodysplasia** → Macrocytosis
- **Acute attack of Hemolysis** → Macrocytosis (reticulocytosis)
- **Cryoglobulinemia** → Arthralgia + Vasculitis + Renal involvement
- **AT III deficiency** → heparin Resistance
- **IVH** → G6PD + PNH + AIHA (cold)+ Mechanical hemolysis → ↓Haptoglobin & Hemopexin >> ↑Hemosiderinuria
- **Leuko-erythroblastic reaction** → BM infiltration → Gaucher + Myelofibrosis + Myelophthisic anemia
- **Platelets** → produced under control of thrombopoietin → Release VWF & Serotonin
- **No splenomegaly** → Iron deficiency + Pernicious + aplastic
- **Neutrophil hyper segmentation** → shift to the right → with Megaloblastic anemia
- **Steroids, Mesenteric infarction & pregnancy** → Neutrophilia

9 - RHEUMATOLOGY

- **Shrinking lung \$** occurs in SLE.
- **Vasculitis causing saddle nose** → Wegner's.
- **In drug induced SLE** there's +ve antihistone Ab.
- **Painful swelling in back of knee in pt w Rh.D** is Baker's cyst.
- **Heberden's nodules** are found in osteoarthritis.
- **Active SLE:-** ↓C, ↑Anti ANA, ↑ Anti DNA, ↓ CRP.
- **Pills exacerbate SLE.**
- **Hyper viscosity \$, Ergot, Dermato-mycosis, MCTD, Scleroderma** → Raynaud's phenomena.
- **HB sAg** is present with vasculitis with PAN.
- **Polymyalgia rheumatic** → ↑ ESR & ck.
- **Churg Strauss** → lung is the principle organ to be affected.
- **Kawasaki D** → coronary artery aneurysm.
- **Wegner's granuloma causing** +ve C- ANCA.
- **Anti RNP Ab +ve** in MCTD.
- **Wegner's classic triad includes** kidney, upper RES tract & lower RES tract.
- **Sero -ve arthritids** include sacroilitis, iritis,

enthesopathy & not mononeuritis multiplex.

- **Fibromyalgia doesn't** ↑ CPK (CK.)
- **Still's D** → -ve RH .F by Rose Waaler or Latex tests.
- **Bouchard's node occurs in osteoarthritis** in PIJ , but Heberden's nodule in DIJ.
- **Pseudo gout** (deposition of ca pyrophosphate)
- **Rheumatoid doesn't cause Ant. Uveitis.**
- **Sjogren \$** → Anti La , salivary duct Ab & gastric parietal cell Ab .
- **Drug induced SLE** no cerebral or renal involvement.
- **Pathergy** test is ccc of Behcet's D.
- **Aseptic necrosis** of bone occurs with corticosteroids, sickle cell anaemia & decompression sickness.
- **Prophylaxis in gout by** allopurinol.
- **Lyme arthritis** is tick borne spirochete inf.
- **Terminal IJ is affected** in psoriatic arthritis.
- **Behcet's \$** is not associated with urethritis.
- Rheumatoid is associated with tissue DR3.
- **Extra articular manifestation** in Rh.D occurs with high titre of Rh.F.
- **Cyroid(colloid) bodies in retina** occurs with SLE--.
- **Arthritis mutilans** occurs in psoriasis.
- **Onion skin spleen** → SLE.
- **In SLE Anti Ro crosses placenta** → fetal conduct defects.
- **Ankylosing spondylitis** → -ve Rh.F & -ve ANA--.
- **X-ray showing looser's zone** ☒ osteomalacia.
- **Paget's D** → bone pain, deafness & ↑ risk of bone
- **Anti SS-A (Ro) & Anti SS-B (La)** SS (sjogren).(\$
- **Anti-cardiolipin Ab & lupus anticoagulant** are +ve in anti-phospholipid \$

10 – GENERAL

- **M/C cause of traveller's diarrhea** is " E.coli ".
- **LAB of typhoid fever during 1st week** is blood culture.
- **Serum sickness** → type 3 hypersensitivity.
- **Thiamine def** leading to PN.
- **Malta fever** caused by Br.Abotus.
- **Salmonella cause pyelonephritis** , osteomyelitis &

endocarditis.

- **Wool sorter's dis** caused by Anthrax.
- **Botulism** cause des paralysis, No sensory , ptosis , Diplopia & bulbar palsy.
- **Pontiac fever** caused by legionella.
- **Weil's dis** cause conj suffusion, Azotemia, Meningism and leukocytosis.
- **Periodic fever** occurs with lymphoma, brucella , FMF.
- **Q-fever** is tr to humans by ticks.
- **EBV** is ass with IMN, Burkett's lymphoma, nasopharyngeal carcinoma.
- **IMN cause** splenomegaly, Ampicillin skin rash , positive monospot.
- **Bornholm's dis** (pleureodynia) caused by Cosachi B virus.
- **River blindness** is due to onchocerciasis.
- **Pneumocystis carinii** tt by co-trimoxsole (sutrim) or pentamidine.
- **Rectal biopsy is diagnostic** in B, Amoebiasis and Amyloidosis.
- **Pin point pupil occurs in pontine hge** , opiates , OP → not by imipramine (TCA)
- **Stool impaction , atrophic vaginitis** → urinary incontinence in the elderly
- **Effects of aging on drug metabolism** is due to ↓ lean body mass , ↓ renal excretion , ↓ plasma binding
- **Ass with Aging** → ↑ uric acid , ↑ s. globulin , ↑ ALP
- **4th HS** in elderly not significant
- **Alzheimer's dis** is ttt by Donazepiril
- **TNF produced by** T cells , Monocyte & MQ
- **Sickle cell anemia , polyposis coli , Alport 's \$** are single gene disorders
- **Haemochromatosis** is a disorder in chromosome number 6
- **Papilloma virus** → cancer cervix
- **Creutzfeldt jakob** dis caused by prioms
- **Herpangina** caused by cosachi
- **Coxiella burnetti** (Q-fever) endocarditis usually affecting Aotic valve
- **Toxic shock \$** caused by staph aureus
- **Skin turgor** is best ex over clavicle or the sternum
- **Tangier's dis** → hypocholest
- **Amyloidosis occurs with** bronchitis , Rh.D , leprosy , TB

& MM

- **Good pasture \$** is type 2 HS (cytotoxic)
- **Contact dermatitis** type 4 HS
- **Herpes labialis** is classically seem in lobar pneumonia
- **Roman's sign** is found in trypanosoma cruzi
- **hydatid disease** diagnostic
- **Aspiration** → anaphylaxis treatment by albendazole.
- **Cysticercosis** occurs in T.solium treatment by albendazole.
- **Hypothermia** caused by panhypopit , peripheral cir failure (shock) , Myxedema.
- **Diphtheria** does not : Meningitis.
- **Rose spot** occurs in typhoid fever.
- **Charcot joint occur in** DM , Tabes D & leprosy.
- **Measles** does not → P. NeuropathY.
- **Hypomagnesemia** occurs with loop D , not with uremia.
- **Hyperphosphatemia occur with** hypopara , excess G.Hs , uremia , hemolysis , Rhabdo-myolysis.
- **Primary amyloidosis** does not involve brain.
- **Sabre tibia** is seen in Achondroplasia.
- **Pyridoxine** used in preg induced vomiting, sideroblastic anemia and with INH.
- **Richest source of vit B12** is meat and dairy products.
- **Normal s.ca** is 9-11 or 8.5-10.5 mg/dl.
- **Diminished renal excretion** of uric acid occur with lead (saturnine gout).
- **Homocysteine** lowering therapy by folate , B6 and B12.
- **Methyl alcohol poisoning** → blindness.
- **Paracetamol poisoning** treatment by N-acetylcysteine.
- **Tylosis** → hypeskeratosis of sole and palm.
- **IV ethanol** is used in methyl alcohol Toxicity.

NOTES FROM PREVIOUS EXAMS

- **Pain of pericardial** → ↓ by sitting and leaning forward
- **Erythema nodosum** not included in criteria of rh.f-
- **NSAIDS, cyclosporine, lidocaine ,erythropoietine** → hypertension
- **Bronchogenic carcinoma** → ↑ ADH & not DI

- **Stabbed man , trachea shifted away from side of lesion , diagnosis is (hemothorax)** → pl effusion → dullness
- **Bilateral hilar L.N caused by** sarcoidosis , lymphoma , TB
- **Alcoholic pt with cough** , bad odour sputum mostly due to aspiration lung abs
- **Streptomycin, pyrenzinamide** should be avoided in pregnancy (especially streptomycin) -
- **Low dose of aspirine** is contraindicated in gout as it decrease urate excretion -
- **Pupils are dilated** with hypoglycemic coma -
- **Predictable hepato** toxic is seen paracetamol toxicity
- **Gum Hypertrophy occur with AML** (MS) ie ?????? leukemia also hypertrophy occur with scurvy , phenytoin therapy
- **Irritable Bowel S** → abd pain ↓ with defecation.
- **Long history of PU followed by projectile vomiting** suggested to be gastric outlet obstruction (pyloric obs .)
- **GERD** is due to low resting oes sphincter.
- **U. colitis** → diffuse colonic Hyperemia with erosions and crypt abscesses
- **To prevent NSAIDS gastritis** → give (p.G analogue e.g misoprostol or give cox2 therapy
- **Pt with liver cirrhosis with hematemesis no gastritis or oes with endoscopy so mostly** the cause is congestive gastropathy.
- **Pt with IHD + OES varices** → Best TTT → Andral
- **Pregnancy , thyrotoxicosis, liver disease , rh D** → palmar erythema
- **Morphine is** contraindicated in biliary colic
- **upus anti-coagulant** is +ve in anti-phospholipid S → thrombophilia
- **fever , LN enlargement , itching suggested to lymphoma** → LN biopsy is important
- **Erythropoietin** is ↓ in polycythemia
- **Anti-thyroid drugs** → fever , sore throat as it → neutropenia
- **Type 3 hypersensitivity** is Imm. complex
- **Fatty casts** occur in nephrotic syndrome
- **-oliguria is urine volume** < 400 ml /D
- **↑P in CRF** → 2ry hyper-PTH , itching peri articular Calcif.
- **↓K, ↑Ca** → enhance digitalis toxicity.
- **↑ Serum bicarb.** occur with sever vomiting , ↓k , cor-pul

(copd) , but not in CRF

- **kinetic tremors don't occur** in parkinsonism
- **ALZHEIMER** → impaired short term memory
- **ECT** Is not helpful in panic
- **Social phobia** → fear of talking to public
- **Delusions is** false fixed belief
- **Back pain radiated to** ll mostly mechanical , also it is increased with movement
- **Inflammatory backache:** ↑ with rest and ↓ by movement < ↑ by ESR , ↑ with CRP
- **s. uric acid may be** normal in Gout
- **Allopurinol may be ppt attach of gouty arthritis** , so it is better avoided in acut attacks
- **Coma with fever is due to** malaria , pontine he , heat stroke , meningioencephalitis
- **The main goal of geriatric medicine** is improving functions quality of life in elderly pt (> 60 yrs)
- **Deep heat is contraindicated** is malig
- **titling table test to diagnose** & ttt postural hypotension
- **Mania. schizoid , catatonia . Obsession. depression** → excitement , BUT NOT in dissociative disorder
- u colitis → diarrhea , abd pain + arthropathy
- **ribo flavin (ttt hcv)** leads to hemodialysis
- **Sea food , shell fish, Shrimps** → hypersensitivity type 1 reaction
- **Cystic fibrosis diagnosed by** ↑ sweat chloride test
- **rh chorea ttt** by low dose neuroleptic and haloperidol
- **We Add vit B6** with INH to inhibit P.N.
- **solitary thyroid nodule** ist to investigate with thyroid scan then fine needle aspiration as patial (hemi thyroidectomy) with microscopic ex
- **HF** → urine ↓ Na
- **Osteoporosis** usually associated with normal serum ca , p , alk. P.
- **F4 , TGA , eisenmengers s , ebstein anomaly** → central cyanosis
- **Od age with recurrent attacks of vertigo** suspect vertebrobasilar (TIAS)
- **Temporo parietal lesion** → wernicke's
- **Temporal lesion or partial aphasia lesion** → homonymous quadrantanopia
- **P++** itself may cause dyspnea

- **Gancyclovir** is effective against CHV
- **Hypo-albuminemia with pneumonia** suggest high mortality
- **pt with nasal polyps** develop arthritis attack when received aspirin or NSAIDS (anti PG)
- **↓ Or ↑ K, pregnancy, hyper thyroid, depression. increased ca** → constipation
- **MV prolapse** → mid systolic click & late systolic murmur
- **eradication oh H. pylori** is important in ttt of MALT (mucosa associated lymphoid tissue)
- **DM** → NASH (non alcohol steato hepatitis)
- **detection of early diabetic nephropathy** is by micro albuminuria
- **Gall stones** → Acute pancreatitis
- **infections agents associated with development & malignancy are:**
 - ✓ EBV
 - ✓ HCV
 - ✓ H. pylori
 - ✓ HIV inf
 - ✓ HBV
 - ✓ papilloma virus
- **NSAIDS** → inhibit mucosal repair in peptic ulcer
- **Mesenteric's disease** (large gastric??), CRF, IBD, cancer stomach, cancer oes → protein losing arthropathy.
- **Carcinoid s/s** → flushing, diarrhea, bronchospasm,
- **1^{ry} biliary cirrhosis** → 2nd dyslipidemia
- **Marfan \$** → AI, subluxation eye lense
- **Lithium** → nephrogenic DI with ↑serum Na ??? osmolarity & ↓ osmolarity of urine
- **Gout** → chronic Kidney Ds.
- **Hyper-PTH** → cystic bone disease
- **Conn's s/s** → ↓k hypertension
- **Motor aphasia** = expression aphasia
- **Rhabdomyolysis** occur with sever exertion → myoglobinemia, acute renal failure
- **↑HDL** is protection against IHD
- **Acute G.N** → RBCS casts in urine
- **Acute interst. Nephritis** → WBCS casts
- -???????? Ttt by increase dietary fibers
- **Lasix. Thiazides** → ↓ k → ms wasting, fatigue,

constipation

- **Pain of pericarditis may be aggravated** by movement (↑ by lying down and ↓ by sitting up)
- **alpha methyl dopa, hydralazine** → Safe in Pregnancy
- **1st step in ttt of saver ↑ k** → ca gluconate infusion
- **Chest inf.** Related to diarrhea through Antibiotics
- **Huntington's choria** occur at age of 30-40 yrs, sydenham's chorea at younger age
- **CKD** → increase of serum amylase (decrease clearance)
- **Motor N. D** → fasciculations of ms, also there is hyper reflexia in spite of wasting of ms
- **Brain stem infarction ch.ch by hemiplegia** . vertigo and diplopia (cr.NS)
- **Obesity predisposes** to type 2 DM
- **Factor VII ↓** → ↑ PT (extrinsic pathway)
- **Pneumonia associated with herpes labialis.** vit b12 → Spastic parap.
- **Acute liver failure** → mannitol to ↓ brain edema
- **LVF is common** cause of RVF.
- **Disorders in intrinsic pathway** → increase ptt
- **Hepato-renal \$** → Na < 10 meq / l
- **initial ttt of acute severe asthma o2 + salbutamol by nebulizer**
- **Streptokinase is useful in pulm. embolism** → esp. if massive
- **cholestyramine bind bile acid** → diarrhea
- **Physical ex of Na value** in pt with angina pectoralis
- **Prophylaxis of meningit.** by vaccine (as regard contact rifampicin or ciprofloxacin)
- **Normally VP** decreased during inspiration
- **Myxedema** may be associated with Barret's oes
- **Conj of bilirubin** occur in microsomes of hepatocytes
- **Pt is not recovered after correction** (Dys-inhibitional \$)
- **ACE, ARBS used in diabetics for renal protection -**
- **Disease Of small intestine** causing malabsorption are best diag. by jejunal biopsy
- **Alcoholic intoxication doesnot** → seizures
- **Screening for hypo thyroid** is by TSH (sensitivity)
- **Benzodiazepines** are not anti psychiatric
- **Gastric ulcer may be malign**, there is no hyper ??? of

acid . pt in anorexic & malnourished

- **Hypo PTH** → cataract , epilepsy
- **U. colitis ccc. by** pseudo polyposis
- **Cancer pancreas** → depression symptoms
- **Most patients with hepatitis c** are asymptomatic
- **Circulating anti A.ch Ab** present in myasthenia gravis
- **Persistent ↑ amylase in acute pancreatitis** suggestive to developing pseudo pancreatic cyst
- **Nihilistic delusions** → occur in depression not mania
- **primary biliary cirrhosis** → xanthoma of palmer creases and eye lids
- **G. barre \$** usually precede with infection illness
- **↓ alpha 1 anti trypsin** → cirrhosis → emphysema
- **adrenal crises ttt by** → IV hydrocortisone & crystalloids (eg saline)
- **entero colic fistula** → bacterial growth in GIT
- **anti cardiolipin AB** is + in anti phospholipid syndrome
- **CLL** → hypo gamma glob.
- **CKD** there is impaired urine comce !!!
- **CHF** → s3
- **Panic attack miss diagnosed** as MI . MV prolapse , angina or arrhythmia

تابع امتحان 2008 دور اول

- **Crest syndrome** → anti-centromer Ab
- **No splenomegaly** in ITP(igG mediated)
- **M/C acute leukemia** is ALL
- **FUO may be dt** malignancy. Infection. Collagen. drugs
- **Autoimmune hemolytic anemia** associated with C L L
- **Least risk for endocarditis** is A S D
- **Anti Ro** → congenital heart defect (SLE)
- **Pernicious anemia** → ↑ I bilirubin → ↑ ADH(intramedullary hemolysis)
- **The best Ab for meningitis** is binzyl penicillin
- **Parkinsonism** → bradykinesia or hypokinesia
- **Primary aldosteronism** → ↓ K
- **ALP** from hepatic sinusoidal and canicular membrane
- **In aplastic anemia** → ↓ Retics + BM trephine is required to confirm diagnosis
- **UTI** diagnosed by morning mid-stream sample.
- **Tb meningitis** is mostly associated with miliary Tb

- **Polycythemia rubra vera** → PVD or cerebro vascular accident
- **Acromegally** → hypertension, heart failure , carpal s , and goiter
- **1ry panhypopituitarism** start with cortisol therapy
- **1ry Wilson disease**, s. cr decrease, urine cr increase
- **Crohn's disease** → hyperoxaluria → renal stones
- **Acute liver failure** → increase pt and not decrease albumin
- **s3 on the apex** is not present e M.s
- **Roth's spot in fundus** appear with infective endocarditis
- **Crohn's disease** → diarrhea(malabs), anaemia + mass in rt iliac fossa
- **diarrhea , wt loss , (malabs)** + clubbing , arthropathy ,((whipple disaesa)
- **M/C cause of travelers** diarrhea is e coli
- **folic acid metabolism is affected** by pyrimethamine
- **Erythropoietin therapy** → hypertension
- **jaundice + biliary system** → ask for ERCP
- **A-V nipping in fundus** is not a sign of diabetic retinopathy ,, it is present with htensive retinopathy
- acromegaly doesn't lead to distal muscle weakness
- **Mythaenea doesn't lead to** weakness in the smooth muscles of the hand
- shrinking lung \$ occurs in SLE
- **Wegner granuloma** → saddle nose.
- **Hemochrom** → Hepatoma, Pseudogout, & DM NOT DI
- **1ry hyperpara** is the M/C its of MEN عموما
- **Hemophilic acromegally** → haemoarthrosis
- **Blind loop \$** → malabs \$ → megalob anaemia
- **Heinz bodies** in Rbcs present in G6PD
- **The larva of Ascaris** and ankylostoma reach the lung causing cough and bronchospasm
- **Mallory weiss \$** → haematemesis in alcoholics
- **Recurrent pul. Emboli** → core pulmonale
- **Sickle cell anemia** (no splenomegally)
- **FUO in farmer** → brucella, chronic salmonellosis
- **Haemodialysis** is not effective in digitalis toxicity
- **HOCM** usually include M.I
- **2ry adrenal insufficiency** → no hyperpig
- **Spherocytosis** → osmotic fragility is not ↑ in RBCs

- **Intrinsic asthma** → Ig A
- **Des gamma carboxy prothrombin** is more specific for hepatoma , alfa feto protein is more sensitive
- **Pseudo memb. Enterocolitis** ttt by vancomycin oral or by flagyl
- **EBV** not related to Hodgkin lymphoma but related to non hodjkin Also it is not related to Kaposi
- **Drug induced lupus** → +ve anti-histone
- **Reversed splitting of s2** occurs w If BBB
- **Pheochromocytoma** ttt start e prazosine
- **Selective Beta blocker** are contra indicated in bronchia asthma
- **Hematuria with dysmorphic RBCa** → **glomerular hematuria** ,
- **Normal looking RBCS** → non glomerular no need for biopsy
- **Pseudo pseudo hypo para** → normal ca & P
- **DIC** occur with acute myeloid leukemia
- **Rheumatoid with swelling in poplit fossa** = Baker's cyst
- **Upper UTI** → bact coated by Ab in urine
- **Diabetic nephropathy , renal impairment , MM, pt under ACE** → liable to contrast nephropathy
- **Heart failure** → ↑ANP & BNP
- **↓ Thiamine** → p neuropathy
- **optic neuritis is a common** presenting finding in M.S (unilateral optic neuritis)
- **Diuretic therapy & psychogenic polydipsia** → hypo natremia
- **COPD** → air way obst. Is partially reversible
- **Thiazolidinedions** enhance insulin action
- **Platelet release** VWF, serotonin
- **DKA k is increased presentation** (acid arise) , CO₂ washed , ↓HCO₃ , ↑TLC (infection)
- **Pneumonia , pulm embolism** → type 1 respiratory failure
- **Coxsackie** → Acue Pericarditis
- **PND or cardiac** asthma are impending pulm edema
- **Hysterical fits** (in front of audience)
- **hydralazine** → drug induced SLE
- **Most hypertensive** are asymptomatic

PSYCHIATRY EXAMS (2008, 2009, 2010)

- **Negative symptoms** is bad prognostic symptoms in schizophrenia
- **No nihilistic delusions** in mania but occurs in depression
- **suicide mat occur** in panic, depression, previous suicidal attempts but not occur in somatoform disorders
- **ECT used for** schizophrenia, catatonia but not for panic
- **Delusion** is a false fixed belief
- **Social phobia** is fear of talking to public
- **Tendency to ↑ the dose of substance** to get the same effect is called tolerance
- **Aggressive behavior ttt** is by high potency neuroleptic
- **Anxiety ttt by** advice and support, cognitive therapy, relaxation and pharmacological therapy
- **Suicidal attempts** is considered to be serious if ther are hopelessness, use of serious method ,well planning by the patient and previous suicidal attempts
- **Excitement occurs** with mania, paranoid schizophrenia ,dissociative disorders but not with OCD
- **Criteria of borderline personality** include impulsivity, unstable and emotionally unstable but no sexulaization of non-sexual objects
- **Alcohol toxicity causes** slurred speech,delirium ,unsteady gait but not seizures
- **Paranoid schizophrenia** is characterized by grandiose delusions

جمل من إمتحانات سابقه و مصادر أخرى

- **LMW heparin** → low risk of osteoporosis, no need for coagulation profile, low risk of thrombocytopenia
- **Pulmonary embolism** → inverted T wave (v1 to v4)
- **Cognitive functions** don't include perception
- **Folic acid metabolism** is affected by Pyremathamine
- **1ry TB** may be asymptomatic
- Methotrexate inhibits dihydrofolate reductase
- **Nitrate** role in IHD is to decrease VR decreasing the preload

- **Hemiballismus** is subthalamic nucleus lesion
- **Quinolones** inhibit DNA gyrase
- **Serotonin** agonists abort the attack of migraine
- **Sulphonylurea** → ↓ hepatic glycogenolysis
- **Diseases acquired from animals** leptospirosis and Q fever, leptospirosis causes hemorrhagic rash
- **HIV** is an RNA retrovirus
- **Brucellosis** → night sweats and arthritis
- **Penicillins and cephalosporins** are bactericidal and contain B lactam rings
- **Zidovudine** treats retroviruses
- **Liver abs** are identified by sonar or CT
- **Silver wire appearance** in glomeruli suggests lupus nephritis
- **CRP** is associated with atherosclerosis
- **Rh d** → thrombocytosis and increase ferritin(phase reactants)
- **CRF** → ↓ Ca and Hb and increase P, AL, K and parathyroid hormone
- **MM** → ↑ serum Ca and uric acid but not ALP